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## **Medication Administration Program (MAP) Advisory Ruling New Site Checklist-Medication Administration Program Sites**

MAP DPH Regulations are intended to address the medication administration needs of stable individuals who are living in Department of Mental Health; Department of Children and Families; and adult Department of Developmental Services licensed, funded, or operated community residential programs that are their primary residences and/or are participating in day programs and short-term respite programs.

The Department of Public Health (DPH) Drug Control Program requires that Service Providers of these community programs register with the DPH Drug Control Program (DCP) for the purpose of storage of medications and authorizing non-licensed employees to administer and/or assist with the administration of medications.

Prior to issuing the MAP MCSR for a community program, the Service Provider must attest that the site for which the registration is being applied meets all established criteria for compliance as set forth in 105 CMR 700.003 (F) as well as M.G.L. c. 94C, the Controlled Substances Act and is ready to function as a MAP site, once the MCSR is issued (please see MAP Site Checklist below).

### **MAP Site / Checklist**

#### **A. Checklist Prior to Opening:**

1. Dedicated Key Lock-Medication Storage Area
2. Dedicated Countable Controlled Substance Storage Container (with access to 'Countables' using two key locks)
3. Drug Reference Material Plan (e.g., Drug Reference Manual (dated within last two years) and/or Medication Information Sheets for all prescribed medications for the individuals supported at the site (to be obtained after opening) \*\*See on-line References Advisory 4-04-18
4. Current MAP Curriculum-Responsibilities in Action (2017)
5. Current MAP Policy Manual (Version 2010 9-01 Revised 1-01-15)

6. Emergency Contact Numbers - (One page document-general reference-(e.g., poison control, 911, pharmacy, etc.)-Copy near phone
7. Plan to address need for 24/7 MAP Consultants-(e.g. Pharmacy Service Contract Agreement, Provider Staff RN, etc.)
8. Service Provider Policy Manual (with policies specific to MAP)
9. Chain of Custody Tracking System:
  - a. Medication Book
  - b. Countable Controlled Substance Book
  - c. Medication Occurrence Binder
  - d. Pharmacy Ordering and Receiving Binder
  - e. Disposal Binder
  - f. Medication Release Forms
    - i. Leave-of-Absence (LOA) documents
    - ii. Transfer documents
10. Staff Training Binder
11. Licensed nurses to administer medications and/or Trained MAP Certified program staff with training records for MAP Certified staff on site:
  - a. Staff Certifications
  - b. CPR cards
  - c. First Aid cards

**B. Submit MCSR Application and Attestation Document to DCP:**

12. Obtain Massachusetts Controlled Substances Registration (MCSR)

**C. Checklist When Operational:**

13. Massachusetts Controlled Substance Registration (MCSR)-posted in Medication Storage Area
14. Drug Reference Material (e.g., Drug Reference Manual (dated within last two years) and/or Medication Information Sheets for all prescribed medications for the individuals supported at the site \*\*See on-line References Advisory 4-04-18
15. Emergency Contact Numbers-(with general reference, and individual specific references, e.g., PCP's contact information, MAP Consultants, etc.)-Copy near phone
16. Medications received directly from the pharmacy by MAP Certified staff/licensed staff with Countable medications received in tamper-resistant packaging
17. Medication Book (Documents for Each Individual supported by MAP)
  - a. Health Care Provider Orders
  - b. Medication and Treatment Sheets
  - c. Emergency Fact Sheets listing current medication(s) name and dose
18. CLIA Certificate of Waiver (if applicable)
19. Training competencies/Protocols (if applicable)

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|---|---|---|
| <input type="checkbox"/> Vital Signs            | <input type="checkbox"/> Blood Glucose Monitoring | <input type="checkbox"/> High Alert-Warfarin Sodium               |
| <input type="checkbox"/> G-tube/J-tube          | <input type="checkbox"/> Hospice                  | <input type="checkbox"/> High Alert-Buprenorphine/Naloxone        |
| <input type="checkbox"/> Respiratory treatments | <input type="checkbox"/> High Alert-Clozapine     | <input type="checkbox"/> Epinephrine via Auto-Injection / Epi-pen |
| <input type="checkbox"/> Oxygen Therapy         |   | <input type="checkbox"/> Other specialized trainings              |